PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/522,353			ling Date 26/2005	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN	
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b), (c)	_	N/A		N/A		N/A	1 == (0)	1	N/A	, LL (0)	
┢	SEARCH FEE		N/A		N/A		N/A		1	N/A		
듬	(37 CFR 1.16(k), (i), o EXAMINATION FE	-F	N/A	_	N/A		N/A		ł	N/A		
	(37 CFR 1.16(o), (p), o TAL CLAIMS	or (q))	minus 20 =		.474		x \$ =		OR	x s =		
IND	CFR 1.16(i)) DEPENDENT CLAIM	is	minus 3 = *			H	x \$ =			x s =	-	
	CFR 1.16(h)) APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit 35 U	specificates of paper 50 (\$125 ional 50 s .S.C. 41(gs exceed 100 in size fee due for each in thereof, See CFR 1.16(s).								
Ш	MULTIPLE DEPEN			J	TOTAL		1					
* If 1	* If the difference in column 1 is less than zero, enter "0" in column 2.							L	J	TOTAL	L	
L	APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY OR			OTHER THAN SMALL ENTITY	
AMENDMENT	08/08/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
ME	Total (37 CFR 1.16())	· 49	Minus	+ 49	= 0	l	x \$ =		OR	X \$50=	0	
뷡	Independent (37 CFR 1.16(h))	• 2	Minus	 3	= 0	ı	x \$ =		OR	X \$210=	0	
M	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR			
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)												
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Ľ.	Total (37 CFR 1,16())		Minus	**	=	П	x \$ = 1		OR	x \$ =		
AMENDMENT	Independent (37 CFR 1.16(h))		Minus	***	=	l	X \$ =		OR	x s =		
ᇳ	Application Size Fee (37 CFR 1.16(s))					l]			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					H			OR			
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
If the entry in column 1 is less than the ontry in column 2, write 0" in column 3. If the "Highest Number Previously Paid For NT HIS SPACE is less than 30, enter "20". "If the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3".												

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